

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service (DOS) 05/29/01 through 07/03/01?
b. The request was received on 03/28/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. Updated TWCC-60b
 - c. HCFAs
 - d. TWCC-62s
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. TWCC-24
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/26/01. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 06/28/02. The response from the insurance carrier was received in the Division on 07/12/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Letter Requesting Additional Information is Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: no position statement submitted
2. Respondent: letter dated 07/12/02
"Carrier expressly accepted a cervical strain, DOI ____, and no other injuries on _____. The billing includes treatment for body parts beyond those agreed as compensable and fails to distinguish between these body parts for the billing purposes."

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are those commencing on 05/29/01 and extending through 07/03/01.
2. The Requestor's updated TWCC-60b removes from the dispute CPT codes 99090 and 99082.
3. The Carrier's TWCC-62 has the denial, "E – ENTITLEMENT NON-COMPENSABLE."
* All CPT codes and dates of service in dispute will be reviewed as denied "E."
4. Per the TWCC-24 signed on 03/18/02, the Claimant and the Carrier agreed that on ____ the Claimant sustained a compensable cervical strain only.
5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
05/29/01 05/30/01 05/31/01 06/01/01 06/04/01 06/06/01 06/07/01 06/08/01 06/11/01 06/12/01 06/13/01 06/15/01 06/19/01 06/20/01 06/22/01 06/26/01 06/29/01 07/03/01	97265	\$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	*	\$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each date of service and found to be insufficient to determine if the treatment was rendered to the compensable injury. Therefore, no reimbursement is recommended.
05/29/01 05/30/01 05/31/01 06/01/01 06/04/01 06/06/01 06/07/01 06/08/01 06/11/01 06/12/01 06/13/01 06/15/01 06/19/01 06/22/01 06/26/01 06/29/01 07/03/01	97250-59	\$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	*	\$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each date of service and found to be insufficient to determine if the treatment was rendered to the compensable injury. Therefore, no reimbursement is recommended.
06/06/01	A4556	\$15.00	\$0.00	*	DOP	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each date of service and found to be insufficient to determine if the treatment was rendered to the compensable injury. Therefore, no reimbursement is recommended.

MDR: M4-02-2979-01

05/29/01	97122	\$35.00	\$0.00	*	\$35.00	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each date of service and found to be insufficient to determine if the treatment was rendered to the compensable injury. Therefore, no reimbursement is recommended.
05/30/01		\$35.00	\$0.00		\$35.00		
05/31/01		\$35.00	\$0.00		\$35.00		
06/01/01		\$35.00	\$0.00		\$35.00		
06/04/01		\$35.00	\$0.00		\$35.00		
06/06/01		\$35.00	\$0.00		\$35.00		
06/08/01		\$35.00	\$0.00		\$35.00		
06/11/01		\$35.00	\$0.00		\$35.00		
06/12/01		\$35.00	\$0.00		\$35.00		
06/13/01	97110	\$35.00	\$0.00	*	\$35.00	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each date of service and found to be insufficient to determine if the treatment was rendered to the compensable injury. Therefore, no reimbursement is recommended.
06/19/01		\$35.00	\$0.00		\$35.00		
06/26/01		\$35.00	\$0.00		\$35.00		
05/30/01		\$105.00	\$0.00		\$35.00		
05/31/01		\$105.00	\$0.00		per 15 minute unit		
06/01/01		\$105.00	\$0.00				
06/06/01		\$105.00	\$0.00				
06/08/01		\$105.00	\$0.00				
06/12/01		\$105.00	\$0.00				
06/13/01	99213-MP	\$35.00	\$0.00	*	\$48.00	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each date of service and found to be sufficient to determine that treatment was rendered to the compensable cervical injury. Therefore, reimbursement of \$864.00 (\$48.00 x 18 DOS) is recommended.
06/15/01		\$105.00	\$0.00		\$48.00		
06/19/01		\$105.00	\$0.00		\$48.00		
06/22/01		\$70.00	\$0.00		\$48.00		
07/03/01		\$35.00	\$0.00		\$48.00		
		(\$35.00 per 15 minute unit)			\$48.00		
05/29/01		\$48.00	\$0.00		\$48.00		
05/30/01		\$48.00	\$0.00		\$48.00		
05/31/01		\$48.00	\$0.00		\$48.00		
06/01/01	97750-MT	\$48.00	\$0.00	*	\$43.00	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each date of service and found to be sufficient to determine that service was rendered to the compensable cervical injury. Therefore, reimbursement of \$86.00 (\$43.00 x 2 DOS) is recommended.
06/04/01		\$48.00	\$0.00		per body area		
06/06/01		\$48.00	\$0.00				
06/07/01		\$48.00	\$0.00				
06/08/01		\$48.00	\$0.00				
06/11/01		\$48.00	\$0.00				
06/12/01		\$48.00	\$0.00				
06/13/01		\$48.00	\$0.00				
06/15/01		\$48.00	\$0.00				
06/19/01	97750-MT	\$43.00	\$0.00	*	\$43.00	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each date of service and found to be sufficient to determine that service was rendered to the compensable cervical injury. Therefore, reimbursement of \$86.00 (\$43.00 x 2 DOS) is recommended.
06/20/01		\$43.00	\$0.00				
06/22/01		\$43.00	\$0.00				
06/26/01		\$43.00	\$0.00				
06/29/01		\$43.00	\$0.00				
07/03/01		\$43.00	\$0.00				

05/29/01 05/30/01 05/31/01 06/01/01 06/04/01 06/06/01 06/08/01 06/11/01 06/19/01 06/20/01 06/22/01 06/26/01 06/29/01 07/03/01	97032	\$44.00 \$44.00 \$44.00 \$44.00 \$44.00 \$44.00 \$44.00 \$44.00 \$44.00 \$44.00 \$44.00 \$44.00 \$44.00 \$44.00 (\$22.00 per 15 minute unit)	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	*	\$22.00 per 15 minute unit	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each date of service. Based on that review, no reimbursement is recommended for DOS 06/06/01, reimbursement of one of the two billed units is recommended for DOS 05/29/01, 06/04/01, 06/22/01, 06/29/01, 07/03/01 and both billed units is recommended on the remaining 8 DOS. Therefore, reimbursement of \$462.00 is recommended.
05/30/01 06/26/01	95851	\$72.00 \$72.00	\$0.00 \$0.00	*	\$36.00 each extremity or trunk section	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each DOS. Based on that review, reimbursement is recommended of one unit on each DOS. Therefore, reimbursement of \$72.00 is recommended.
05/29/01 06/22/01 06/29/01 07/03/01	97010	\$11.00 \$11.00 \$11.00 \$11.00	\$0.00 \$0.00 \$0.00 \$0.00	*	\$11.00 \$11.00 \$11.00 \$11.00	Texas Workers' Compensation Act & Rules, Sec. 408.021, Rule 133.307 (g)(3)(B)	Per the signed agreement, the claimant's compensable injury is a cervical strain and no other injuries to the neck or any other body parts. The medical documentation includes references to the cervical as well as other areas. The medical documentation for this CPT code was reviewed for each date of service. Based on that review, no reimbursement is recommended for DOS 06/29/01, reimbursement is recommended on the remaining 3 DOS. Therefore, reimbursement of \$33.00 is recommended.
Totals		\$4674.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$1,589.00.

The above Findings and Decision are hereby issued this 16th day of October 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,589.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16th day of October 2002.

Carolyn Ollar
Medical Dispute Resolution Supervisor
Medical Review Division